



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT FISHERS HOSPITAL

City of Hospital: Fishers

Year Begin: 07/01/2017 (mm/dd/yyyy format)

Year End: 06/30/2018 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 10-5181

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$43813738
Outpatient Patient Service Revenue	\$130799064
Total Gross Patient Service Revenue	\$174612802

2. Deductions From Revenue

Contractual Allowance	\$103379341
Other Deductions	\$4176796
Total Deductions	\$107556137

3. Total Operating Revenue

Net Patient Service Revenue	\$67056666
Other Operating Revenue	\$2525264
Total Operating Revenue	\$69581930

4. Operating Expenses

Salaries and Wages	\$13491028	Employee Benefits	\$3914896
Depreciation and Amortization	\$3497942	Interest Expense	\$0
Bad Debt	\$0	Other Expenses	\$30114661
Total Operating Expenses	\$51018527		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$18563403	Total Assets	\$68375000
Net Non-operating Gains over Loss	\$-2300	Total Liabilities	\$9265000

Total Net Gains	\$18561103
-----------------	------------

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$43795855	\$35265979	\$8529876
Medicaid	\$23130772	\$19562333	\$3568439
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$107686175	\$52727825	\$54958350
Total	\$174612802	\$107556137	\$67056665

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$3160	\$-3160
Hospital Patients	\$0	\$14698	\$-14698
Community Education	\$0	\$34165	\$-34165

Number of Medical Professionals Trained	4
Number of Hospital Patients Educated	506
Number of Citizens Exposed to Health Education Messages	2898

Statement Six: Charity Statement

Hospital Charity Charges	\$9003053
--------------------------	-----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2536959	
HCI Payments	\$0		
Subtotal	\$0	\$2536959	\$-2536959
Medicaid Shortfalls	\$3568438	\$8007224	
Subtotal	\$3568438	\$10544183	\$-6975745
DSH Payments	\$0		
Subtotal	\$3568438	\$10544183	\$-6975745
Medicare Shortfalls	\$8529876	\$12341178	
Other Government Programs	\$0	\$0	
Total	\$12098314	\$22885361	\$-10787047

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$11511	\$-11511
Community Assessment	\$0	\$60396	\$-60396
Provision of Taxes	\$0	\$1489234	\$-1489234
Other Allocations	\$0	\$0	\$0

Comments